

FILED JAN 13 1951		THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH		State File No. 42691	
BIRTH NO.		REG. DIST. NO. 212		PRIMARY REG. DIST. NO. 1003	
Registrar's No. 11254					
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 22.50			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis d			
d. FULL NAME OF HOSPITAL OR INSTITUTION 821 Chestnut Street		d. STREET ADDRESS (If rural, give location) 821 Chestnut Street			
3. NAME OF DECEASED (Type or Print)		a. (First) ETTA		b. (Middle) RUTH	
		c. (Last) PICKNEY		4. DATE OF DEATH (Month) (Day) (Year) December 29, 1950	
5. SEX F W		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY at home		8. DATE OF BIRTH 12-29-1892	
				9. AGE (In years last birthday) 58	
				11. BIRTHPLACE (State or foreign country) East St. Louis, Illinois	
				12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME William Green		13b. MOTHER'S MAIDEN NAME Lora		14. NAME OF HUSBAND OR WIFE Alvin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Alvin Pickney 821 Chestnut Street	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery Thrombosis DUE TO (c) Obesity, Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201	
22. I hereby certify that I attended the deceased from Aug 1950, to Dec 29, 1950, that I last saw the deceased alive on Dec 28, 1950, and that death occurred at 6:30 p.m., from the causes and on the date stated above.					
23a. SIGNATURE Paul R. Webb M.D. (Degree or title)		23b. ADDRESS 721 Olive St. St. Louis Mo.		23c. DATE SIGNED 12-30-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-2-51		24c. NAME OF CEMETERY OR CREMATORY Mount Hope	
				24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE J. B. Casata		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin's 2301 Lafayette Avenue	

Dr. Paul K. Webb MD
Chemical Bldg.
8th and Olive Streets
Sat 1-5 p.m.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed _____

Student Embalmer No. _____

Signed _____

Student Embalmer

Licensed Embalmer No. 2633

P. O. Address Bolt House

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.